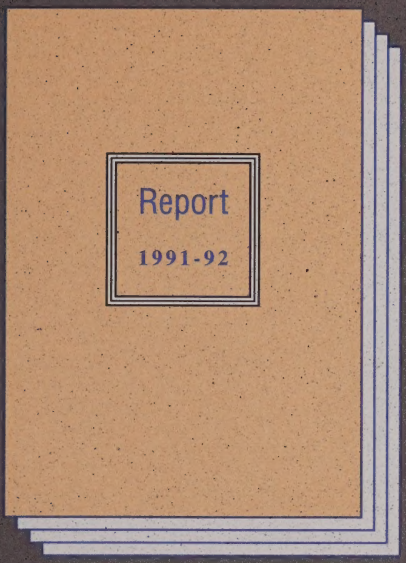
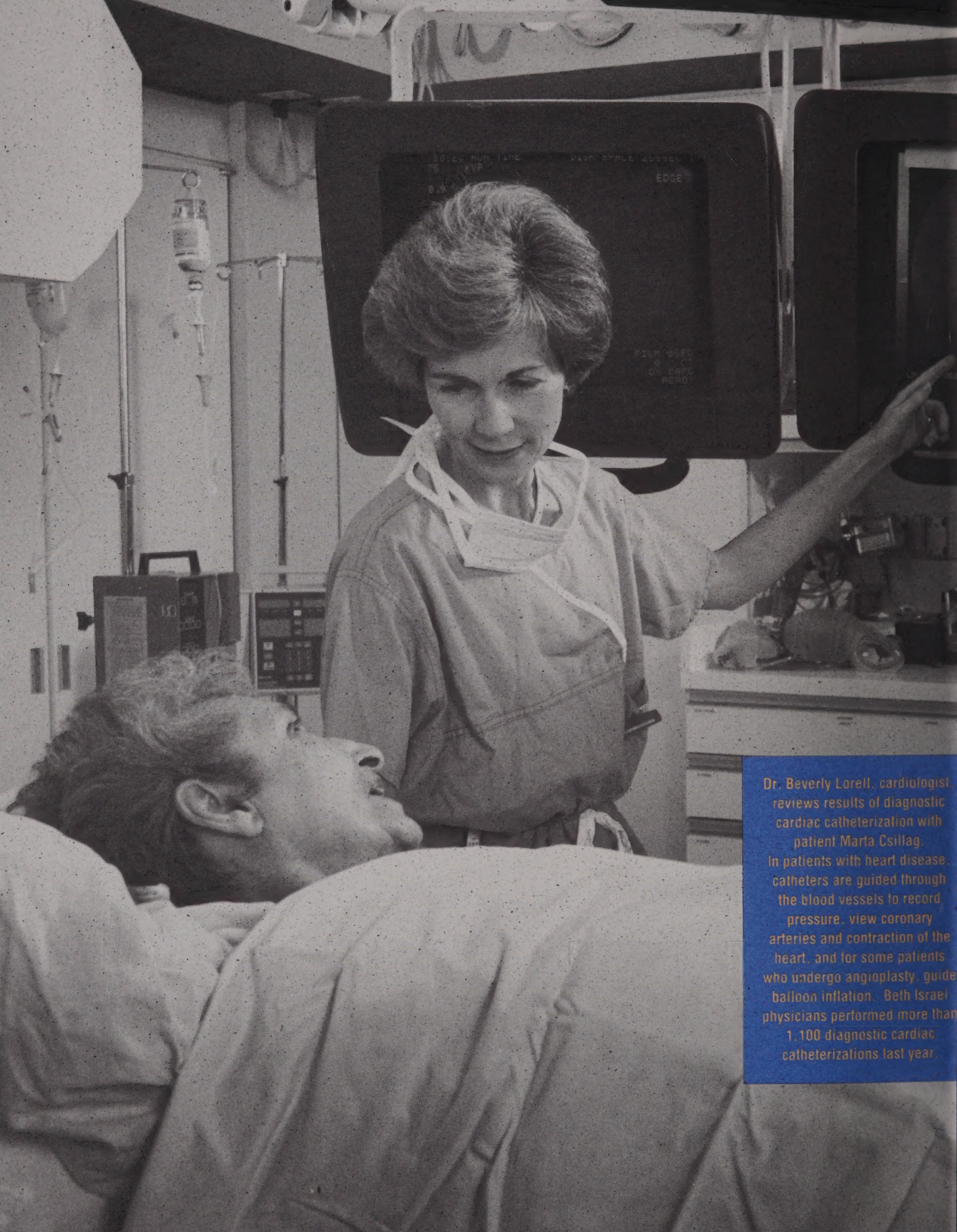


Beth Israel Hospital Boston

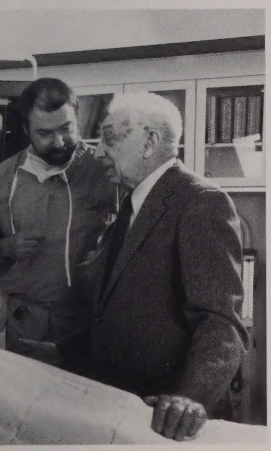


Dr. Beverly Lorell, cardiologist, reviews results of diagnostic cardiac catheterization with patient Marta Csillag. In patients with heart disease, catheters are guided through the blood vessels to record pressure, view coronary arteries and contraction of the heart, and for some patients who undergo angioplasty, guide balloon inflation. Beth Israel physicians performed more than 1,100 diagnostic cardiac catheterizations last year.

The Challenge of Change

At no time in recent history have the issues of health care access, delivery, and finance been the subject of more intense scrutiny and debate than in the past year. Calls for reform from patients, business leaders, academicians, government, and health care institutions have thrust health care onto the prime national agenda.

Shifts in policy and even subtle changes in finance mechanisms can have massive effects on health care institutions, most acutely those unprepared to meet the challenge. Among teaching hospitals, strong leadership, prudent management, and effective allocation of limited resources will be crucial to fulfill their missions of providing quality patient care of the highest sophistication and effectiveness, training physicians and other providers, and fostering tomorrow's health through innovative research.



(See inside back cover)

Hospital administrators and trustees such as those at Boston's Beth Israel are working with government and the business community to help shape future policy. At the same time, they are working together with hospital staff and employees to find better ways to respond to this challenging new environment.

Fiscal year 1991 was a turning point for Beth Israel, which is planning one of the most challenging periods of growth in its history.

Launching this initiative, tentatively labeled Project 2000, requires a healthy fiscal bottom line. Last year showed a $2.2 million gain on operations – a margin of only 1 per cent, considerably less than the 3 per cent recommended for healthy nonprofit organizations, and achieved only through major cost reductions and subsequent control of budgeted expenses, tasks the entire hospital staff took to heart.

"Managing resources is the byword of the hospital in this decade," says board chairman Edward I. Rudman. "With significant changes on the horizon and the vise closing

further on the payment side, we need to become even more efficient and sensitive to the bottom line. The challenge for Beth Israel is to operate efficiently without affecting our quality of care."

> "My father was obviously a very sick man, but the care he received far exceeded nursing competency. Yes, they were skilled, efficient, and extremely competent, and that, I think, we expect from Beth Israel. But more than that they cared about how he felt, how he looked – about his human dignity. And they cared about us – his family – and what they could do to make us comfortable."
>
> **A Beth Israel patient's family member**

In fact, the hallmark of Beth Israel's growth and success over the years is its uncompromising commitment to "deliver patient care of the highest quality, in both scientific and human terms" as outlined in its mission. It is the hospital's sophisticated and innovative approach to managing its resources, however, that has provided an important competitive edge. Change here is seen not as an obstacle, but as an opportunity to improve the way things are done and expand service quality.

An illustration of this philosophy is a photo hanging in the office of Beth Israel president Dr. Mitchell T. Rabkin. The picture is of several sailboats, racing into the wind across choppy waters. Below the image are the words, "We cannot direct the wind; we can only adjust the sails."

The image and words hold special meaning for Rabkin. "You set your goal. Then you try to get the very best boat, crew, and sails... and use your tactics and navigation to respond to changes and win the race," he says.

> "If a hospital is to be judged on the quality of its nursing program, then Beth Israel will certainly be rated one of the best in the country."
>
> ***The Best Hospitals in America***

"There is tremendous pride in this institution," explains chairman Rudman. "No one wants to be sick, but if you are, the quality of care and the quality of caring here are second to none." Rudman, a principal in the Boston investment firm of Pell and Rudman, succeeds Edward H. Linde, who is now chairman of the executive committee of the board. "Our aim is to maintain the exceptional quality of care by imaginative use of diminishing resources," he says.

Rabkin is concerned but confident in the hospital's ability to "adjust its sails" and respond to policy changes and pressures

A Tradition of Strength

Born in 1916 of the generosity and energy of Boston's Jewish community – especially its women – Beth Israel has grown over the years from humble beginnings in Boston's old West End and Roxbury, into a hospital with a worldwide reputation for excellence in medical and nursing care. Today, the 504-bed major Harvard teaching hospital provides care for nearly 30,000 inpatients and more than 215,000 outpatient visits each year.

From the start, Beth Israel has set a widely recognized standard for innovation and quality of care. It began with the wording of its original 1916 charter, a declarative that the hospital's doors would be open to all patients, regardless of race, religion, creed, or ability to pay.

from the state and national levels. "What is happening is that despite the stress and strain, the changing environment also empowers the achievement of some of our goals," he says. "The dollar restrictions say you can't do this or that as fast as you might want. On the other hand, they also insist that you pull up your socks and get on with it and find new ways of getting things done."

Central to these efforts is the hospital's unique work environment. Built upon the principles of enlightened management and employee empowerment, it is predicated on the notion that the greater the stake employees have in Beth Israel's success, the more likely the hospital is to succeed.

Over the past few years, Beth Israel launched PREPARE/21, a participative management program with built-in incentives aimed at improving the way all things are done at the hospital, and at reducing costs, increasing productivity, and further improving the quality of care.

"It is not just lip service... we mean it when we say shared responsibility," explains David Dolins, executive vice president and director. "We are trying to get everyone involved in helping to move the organization forward, not just the people at the top. Who knows any job better than the person doing it? The idea is that every day you try to do your job a little bit better than the day before."

"Its unrelenting demand for excellence from doctors and staff by its various medical directors made it inevitable that the hospital would become, as it is, a shining star in the Harvard firmament."

The Jewish Advocate

The innovative program, based on plans common in industry but applied here in a hospital setting for the first time, is already beginning to pay dividends, in terms of quality, cost savings, and employee morale, according to Dolins. He sees it as a team effort, and likens his own role to that of team coach and consensus builder. "We have a lot of stars... but when they all get together to work on issues, they subjugate their stardom to do it for Beth Israel."

That same dedication and spirit extends beyond the hospital's boundaries into the community. This means meeting the needs

Beth Israel Archives

The women of the Jewish Community provided a great part of the hospital's initial support "...for the purpose of affording medical care and nursing to sick or disabled persons of any creed or nationality."

The climb toward prominence continued with a 1928 move to Brookline Avenue and subsequent affiliation with Harvard Medical School. Today virtually all Beth Israel physicians hold faculty appointments at Harvard.

of both the Jewish community that has so generously supported Beth Israel over the years, and the needs of the greater Boston community in which it is located. Within the past year Beth Israel has launched several new programs aimed at meeting the health care needs of inner-city residents, including expanded support for five Boston community health centers; a mobile "Family Van" to seek out and educate people on safe health practices, preventive medicine, infant mortality, and AIDS; and "Healthy Moms," a program designed specifically to identify and address the obstacles to prenatal care for pregnant women in high-risk communities.

"Milestones are easily come by in Boston, but seldom are they marked in pairs. Yet, Beth Israel Hospital celebrates twin events this month – the 75th anniversary of the founding of that great Harvard teaching hospital and the 25th year that it has been so ably served by its chief executive officer, Dr. Mitchell Rabkin."

The Boston Globe

All of these efforts come at a cost, and it is one Beth Israel is committed to finding ways to support. The hospital has a history of willingness to take calculated risks with an eye on long-term goals – the move to Brookline Avenue went against the advice of consultants, for example. The proposed new Clinical Center, along with the new Southeast building, a new parking garage, and additional research space that are all part of Project 2000 constitute both this era's risk and the key to future success.

Rabkin sees the importance of the project in large terms. His is a vision of creating an entirely new health delivery system, one he calls "hassle-free health care." He believes that the project is central to the hospital's success as we move into the next century. "We are not simply talking about building a building," he says. "We are building around what we envision as a whole new, rationalized, efficient system for delivering care, for handling people, for processing information... and creating a user-friendly atmosphere."

Creating the new Clinical Center is a major factor in the

"Beth Israel has become a national model not for its research breakthroughs or top-notch staff of doctors (though it can boast of both), but for its inpatient nursing programs."

The Service Edge: 101 Companies that Profit from Customer Care

A Quarter-Century of Progress

Beth Israel Hospital, 1991

In 1966, Dr. Mitchell T. Rabkin, president, came to Beth Israel as chief executive officer. His arrival heralded a quarter-century of progress for the hospital, including a renewed commitment and emphasis on patient care, teaching, and research. The landmark *Statement on the Rights of Patients*, written by Rabkin in

1972, became a model and inspiration for hospitals and legislatures across the country.

Beth Israel pioneered the movement toward hospital-wide primary nursing care and established the professional nursing practice model. Building from primary nursing to its wider-ranging concept of integrated clinical practice, the hospital is internationally regarded today as a center of innovation and excellence in nursing.

The emphasis on research has resulted in a solid top-ten ranking for National Institutes of Health research dollars awarded to independent teaching hospitals.

The nation's largest study of health care quality from the perspective of the patient – the Picker/Commonwealth Program for Patient-Centered Care – is led by a Beth Israel team of physicians, nurses, and other experts. They are now conducting comparable studies in Canada, Great Britain, and Germany.

hospital's plans to consolidate outpatient services in order to remain on the front line of service.

"We sense there will be a continued push toward ambulatory care... and we are woefully short of space," explains Eugene C. Wallace, vice president for finance. "Over the last 20 years, we have devoted much time and effort to modernizing and improving the world of the inpatient. Now we have to devote equal time and money to the world of the outpatient. If we don't, we could lose a significant share of the market."

Perhaps as important as the hospital's ability to retain its share of the market, according to Wallace, is its ability to attract a larger one, thereby providing a critical source of new revenue. If Wallace's projections are on the mark, Beth Israel could see its outpatient caseload double, with inpatient volume increasing by another 20 per cent, within 5 years of completion of the project.

Pending completion of the final plans and approval by the board of trustees, construction on Project 2000 could begin as early as the fall of 1992. At $250 million, it is not without risk, according to executive committee chairman Linde, but he feels it is a risk well worth taking.

"I was particularly impressed by the concern exhibited by the technical and support staffs, and their willingness and ability to explain all procedures."

A Beth Israel patient

"Our changing environment will not allow us to stand still. While we should not and cannot embark upon new projects without thoroughly testing and proving their feasibility, it will be equally dangerous to think that we can carry out our mission simply by repeating what we have done so well in the past. That has not been our history in the last 75 years... nor will it be the history of the next 25 years," Linde says.

Rabkin and the others all concur. "If our vision holds," Rabkin says, "we'll stay good at adjusting the sails to win the race. But," he adds, "this race is never over. Another sailboat photo in my office bears the legend, 'Success is a journey, not a destination.'"

This represents patients who were admitted to the hospital for care.

The total number of days all of our patients were hospitalized.

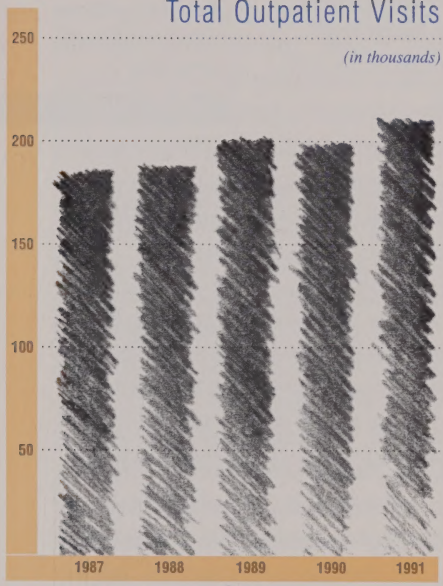
For the fiscal years ended September 28, 1991, and September 29, 1990

Summary Statistics

	1991	1990
Patient days		
Adult	149,392	152,422
Newborn	17,642	19,536
TOTAL PATIENT DAYS	**167,034**	171,958
Admissions		
Adult	23,169	23,382
Newborn	5,518	6,021
TOTAL ADMISSIONS	**28,687**	29,403
Number of Outpatient Visits		
Healthcare Associates, Women's Health Associates, Medical Walk-In Center	62,686	61,639
Specialty	86,489	80,131
Psychiatry	26,853	23,582
Emergency Unit	38,170	37,270
TOTAL OUTPATIENT VISITS	**214,198**	202,622
Number of Adult Beds Available	504	504
Number of Surgical Cases	12,862	12,292
Number of Deliveries	5,095	5,755

Total Outpatient Visits

(in thousands)



The number of patients who came to the hospital for outpatient care – in doctors' offices, for tests, or procedures.

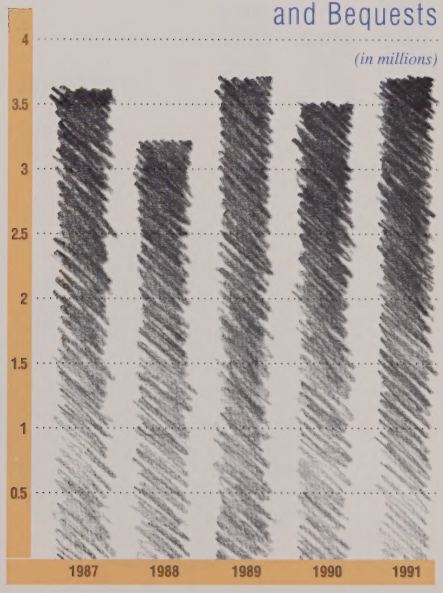
For the fiscal years ended September 28, 1991, and September 29, 1990

Statement of Restricted Gifts and Bequests Received

(in thousands)	**1991**	1990
Restricted Gifts and Bequests		
Endowment Funds	**$ 1,594**	$ 2,549
Plant Expansions and Development Funds New Pledges	**1,790**	490
Special Purpose Funds	**448**	548
TOTAL RESTRICTED GIFTS AND BEQUESTS	**$ 3,832**	$ 3,587

When a donor specifies a restriction to a gift, it is reported here and is then added to the principal amount in the appropriate category.

Total Restricted Gifts and Bequests



These amounts are awarded to the hospital to fund specific research efforts. Almost 50 per cent comes from the National Institutes of Health and the balance from private foundations, industry, and donors. Over 400 research projects were funded in 1991.

Also called uncompensated care, this represents the money not collected from patients because of their inability to pay (free care) or their unwillingness to pay (bad debts).

The gain or loss is the balance of money remaining after all expenses have been subtracted from total income. Profits are re-invested in the hospital, strengthening it for the future.

For the fiscal years ended September 28, 1991, and September 29, 1990

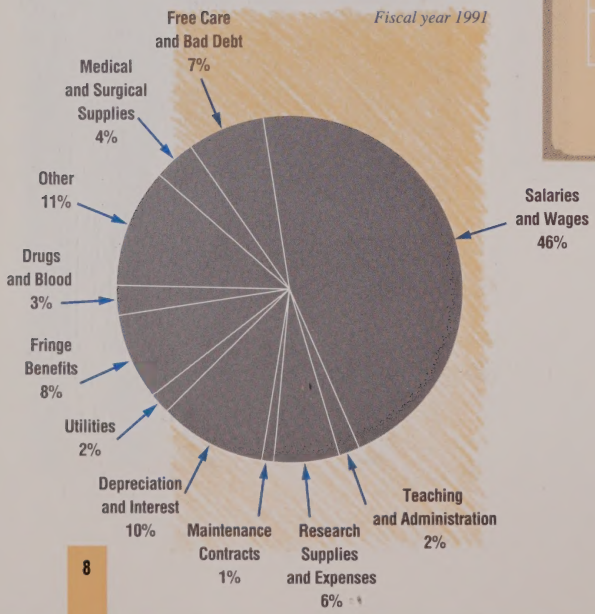
Statement of Revenue and Expenses

(in thousands)	**1991**	1990
Revenue from Services to Patients	**$262,795**	$239,013
Other Operating Income	**15,746**	13,564
Research Support from Grants and Contracts	**39,799**	34,227
TOTAL INCOME	**$318,340**	$286,804
Operating Expenses	**253,865**	226,231
Research Expenses	**39,865**	34,319
Free Care and Bad Debts	**22,434**	21,422
TOTAL EXPENSES	**$316,164**	$281,972
GAIN (OR LOSS) FROM OPERATIONS	**2,176**	4,832
Nonoperating Revenue		
Contributions from Combined Jewish Philanthropies	**182**	200
Endowment Fund Income	**1,174**	1,160
Annual Appeal	**986**	1,074
Friends of Beth Israel	**30**	32
Unrestricted Investments	**24**	20
Investment Income	**5,085**	4,457
TOTAL NONOPERATING REVENUE	**$ 7,481**	$ 6,943
EXCESS OF REVENUE OVER EXPENSES	**$ 9,657**	$ 11,775

This category of income includes the support we receive from various donors plus the earnings on any investment funds.

Total Expenses

Fiscal year 1991



As of September 28, 1991, and September 29, 1990

Consolidated Balance Sheet

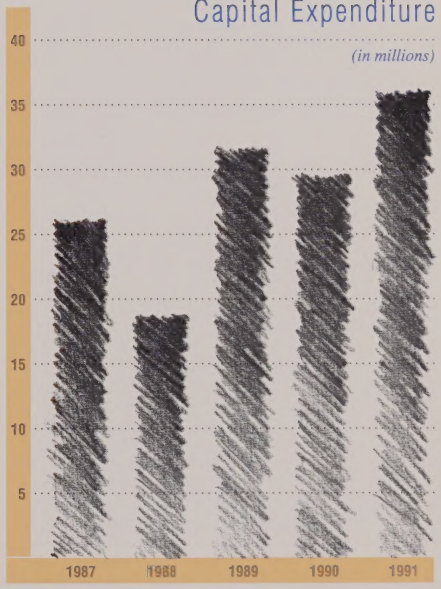
(in thousands)	**1991**	1990
Assets		
Cash and other Investments		
Unrestricted	**$ 43,919**	$ 46,685
Held by Trustees	**40,623**	26,077
Restricted	**59,634**	55,615
Accounts, Grants, and Pledges Receivable, Net	**83,644**	72,298
Other Assets	**18,726**	20,660
Net Property, Plant, and Equipment	**175,764**	164,552
TOTAL ASSETS	**$ 422,310**	$ 385,887
Liabilities and Fund Balances		
Accounts Payable	**$ 21,493**	$ 16,269
Notes Payable	**37,021**	23,010
Accrued Liabilities	**13,674**	12,126
Other Liabilities	**40,336**	37,963
Bonds Payable HEFA	**118,331**	121,129
Fund Balances		
Unrestricted	**53,481**	52,802
Plant Fund	**57,476**	46,996
Special Purpose	**20,366**	19,264
Plant Expansion	**20,899**	19,864
Endowment	**39,233**	36,464
TOTAL FUND BALANCES	**$ 191,455**	$ 175,390
TOTAL LIABILITIES AND FUND BALANCES	**$ 422,310**	$ 385,887

These dollars are currently due to be paid (by Medicare, Medicaid, insurance companies, health maintenance organizations, and individuals) for medical services already rendered. If we are not paid in a timely manner, the hospital must borrow money to cover its costs.

These amounts allow us to keep equipment and buildings current – investments in our future.

Capital Expenditure

(in millions)



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❋ *Re-elected on November 3, 1991*
● *deceased*

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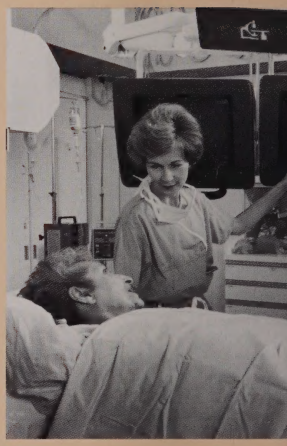

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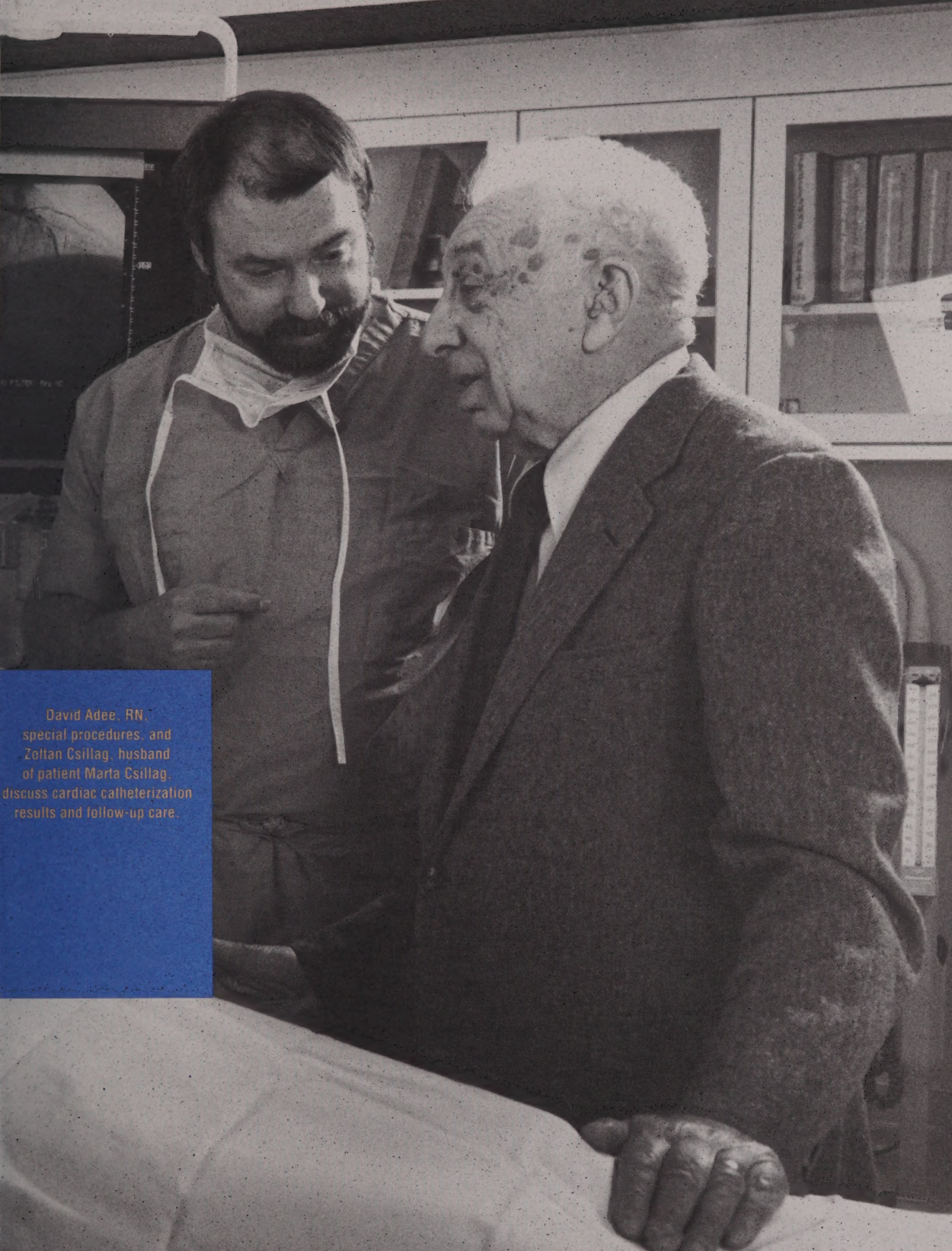

David Adee, RN, special procedures, and Zoltan Csillag, husband of patient Marta Csillag, discuss cardiac catheterization results and follow-up care.

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